09/738,868 **PATENT** 

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

Jeffrey E. Stahmann et al.

December 15, 2000

Examiner: Kristen Droesch

Serial No.:

09/738,868

Group Art Unit: 3762

Filed:

Docket: 279.327US1

Title:

SYSTEM AND METHOD FOR DISPLAYING CARDIAC EVENTS

## COMMUNICATION CONCERNING RELATED APPLICATIONS

Commissioner for Patents

MS: Amendment P.O. Box 1450

Alexandria, VA 22313-1450

Applicants would like to bring to the Examiner's attention the following related applications in the above-identified patent application:

Serial/Patent No. 09/738,869 6,665,558	Filing Date December 15, 2000	Attorney Docket 279.347US1	Title SYSTEM AND METHOD FOR CORRELATION OF PATIENT HEALTH INFORMATION AND IMPLANT DEVICE DATA
. 10/687,433	October 16, 2003	279.347US2	SYSTEM AND METHOD FOR CORRELATION OF PATIENT HEALTH INFORMATION AND IMPLANT DEVICE DATA

PECENED TECHNOLOGY CENTER RISTOO

Respectfully submitted,

JEFFREY E. STAHMANN ET AL.

By Applicants' Representatives,

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Date 6-8-04

Reg. No. 38,377

CERTIFICATE UNDER 37 CFR 1.8: The undersigned hereby certifies that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail, in ar envelope addressed to: Commissioner for Patents, MS: Amendment, P.O. Box 1450, Alexandria, VA 22313-1450, on this \_

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Serial No.: 09/738,868 Due Date: July 15, 2004 Group Art Unit: 3762

We are transmitting herewith the following attached items (as indicated with an "X"):

- $\underline{X}$  A return postcard.
- X An Amendment and Response under 37 C.F.R. 1.111 (14 pgs.).
- X A Communication Concerning Related Applications (1 pg.).
- $\underline{X}$  A Supplemental Information Disclosure Statement (2 pgs.), Form 1449 (1 pg.), and copies of 2 cited documents.
- $\overline{X}$  A check in the amount of \$180.00 to cover the fee for consideration of Information Disclosure Statement under 1.97(c)(2).
- X A check in the amount of \$122.00 to cover the fee for additional claims as calculated below.

If an additional fee is required due to changes to the claims, the fee has been calculated as follows:

			CLAIMS AS	AMENDED		
	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Present Extra	Rate	Fee
TOTAL CLAIMS	46	-	44	2	x 18.00 =	\$36.00
INDEPENDENT CLAIMS	10	-	9	1	x 86.00 =	\$86.00
[]MULTIPLE DEPEN	\$0.00					
	\$122.00					

Please consider this a PETITION FOR EXTENSION OF TIME for sufficient number of months to enter these papers and please charge any additional fees or credit overpayment to Deposit Account No. 19-0743.

SCHWEGMAN, LUNDBERG, WOESSNER & KLUTH, P.A.

Customer Number 21186

Atty: Marvin L. Beekman

Reg. No. 38,377

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Signature

SCHWEGMAN, LUNDBERG, WOESSNER & KLUTH, P.A.

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